



ROSS MILLER
Secretary of State
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Articles of Organization Professional Limited-Liability Company

(PURSUANT TO NRS CHAPTERS 86 AND 89)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Professional Limited-Liability Company: (see instructions)				
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: <input type="text"/> Name			
	<input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)			
	<input type="text"/> Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity			
	<input type="text"/> Street Address	<input type="text"/> City	Nevada	<input type="text"/> Zip Code
	<input type="text"/> Mailing Address (if different from street address)	<input type="text"/> City	Nevada	<input type="text"/> Zip Code
3. Name and Address of the Original Members and Managers: (see instructions) IMPORTANT: a) A certificate from the regulatory board showing that each individual is licensed at the time of filing with this office must be presented with this form. b) Each Organizer, Manager and Member must be a licensed professional.	1) <input type="text"/> Name			
	<input type="text"/> Street Address			
	<input type="text"/> City			
	<input type="text"/> State			
	<input type="text"/> Zip Code			
	2) <input type="text"/> Name			
	<input type="text"/> Street Address			
	<input type="text"/> City			
	<input type="text"/> State			
	<input type="text"/> Zip Code			
3) <input type="text"/> Name				
<input type="text"/> Street Address				
<input type="text"/> City				
<input type="text"/> State				
<input type="text"/> Zip Code				
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input type="checkbox"/> Member(s) (check only one box)			
5. Profession to be Practiced: (see instructions)				
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	<input type="text"/> Name		<input checked="" type="checkbox"/> Organizer Signature	
	<input type="text"/> Address		<input type="text"/> City	<input type="text"/> State
			<input type="text"/> Zip Code	
7. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i>			
	<input checked="" type="checkbox"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity			<input type="text"/> Date

This form must be accompanied by appropriate fees.